

Revenue and Time Study of One Practice Using Trojan Professional Services Benefit and Eligibility Services

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Based on observation and analysis of the data gathered, we conclude that the practice was positively impacted by the implementation of Trojan's Benefit and Eligibility services and experienced a financial value which exceeded the cost of the service. Three items measured before and during the study showed significant increases after the implementation of Trojan's Benefit and Eligibility Services.

1. **Increased Productivity.** Staff spent 70% less time researching benefits and eligibility yet obtained benefits and eligibility for 42% more patients.
2. **Time Savings.** Time on Benefit and Eligibility related activity decreased 70 % (8 hrs). Annualized monthly the time saved equates to 17 hours. This time saved was redirected to activities to reactivate patients.
3. **Increased Production.** Production revenue increased 27% (\$4,610) between the two periods. Annualized monthly the amount equates to \$9,988.

By Haas Consulting Group

RESULTS

The practice processes were measured in a before and after study. The study encompassed three periods. Period 1 (P-1) normal operations; the practice employed its existing processes and none were modified by the consultant, Period 2 (P-2) the training and use of Benefit Services was provided, and Period 3 (P-3) operations using the same processes enhanced by implementing Trojan's Benefit and Eligibility services. The following data shows the results of this comparison:

1. **Increased Productivity.** Staff spent 70% less time researching benefits and eligibility yet obtained benefits and eligibility for 42% more patients.

	P-1	P-3	Change	Change %
Time Researching Benefits (Min)	675	205	470	70%
# Patients Benefits Obtained	13	14	1	8%
# Patients Treated	64	91	27	42%
Time Per Patient (Min)	51.9	14.6	37	72%

2. **Time Savings.** Time on Benefit and Eligibility related activity decreased 70 % (8 hrs). Annualized monthly the time saved equates to 17 hours. This time saved was redirected to activities to reactivate patients.

	P-1	P-3	Change	Change %
Total Staff Time (Hrs)	11.25	3.42	8	70%
Total Staff Time (Hrs) Annualized Monthly	24.4	7.4	17	70%

3. **Increased Production.** Production revenue increased 27% (\$4,610) between the two periods. Annualized monthly the amount equates to \$9,988. No analysis was performed to determine if activity was directly linked to the increase in production.

	P-1	P-3	Change	Change %
Production	\$17,253.00	\$21,863.00	\$4,610.00	27%
Production Annualized Monthly	\$37,382.00	\$47,370.00	\$9,988.00	27%

4. **Number of Claims Resent.** The number of resubmitted claims was not relevant in this study because there was little to no resubmitted claims for this practice. No analysis was performed to determine if activity was directly linked to the increase in production.

5. **Perceived Value.** The principal Dentist survey results indicated that value was created and that the services more than pay for themselves. The office will make more money using the Benefit and Eligibility services than without them.

APPENDIX A: OVERVIEW OF STUDY

Purpose: to measure and evaluate the effect of Trojan Services (Benefit Service and Eligibility) on the production and profit of a practice.

Goal: to provide the necessary empirical data to show the advantage of Trojan Services to a typical dental office.

Summary: the study was conducted over a seven-week period consisting of two weeks of pre-training, three weeks of usage following training without documentation, and two weeks of post-training monitoring.

APPENDIX B: PRACTICE CHARACTERISTICS

- 1 Full-time primary doctor
- 1 Hygienist performing 3 days of hygiene activities per month
- 1 Back office assistant
- 1 Front office staff member

APPENDIX C: STUDY CHARACTERISTICS

This study was performed over an initial two-week period (Periods 1), one three-week period (Period 2) and a final two-week period (Period 3).

1. Period 1 consisted of observation and data gathering. No changes were introduced to the five core processes the study planned to observe; nor was coaching provided. The only change was the monitoring and documentation of activities during the study.

2. Period 2 consisted of:

- a)** Implementing Benefit and Eligibility services.
- b)** Training staff on the functionality of those services and how the services integrate into the practice management software.
- c)** Using the Benefit and Eligibility data received to its fullest.
- d)** Modification of existing systems, which entailed training two front office staff on how to use and rely on the Benefit and Eligibility services.

Note: Due to challenges the practice had in adopting these new systems, an additional week was added to this period.

3. Period 3 consisted of coaching staff to continue using the new system and not revert back to the original system of processes.

During the first and third periods, a time study was conducted. The staff was required to log their time throughout the day and later segment that time by task. The first time period tracked segments under original system procedures and the third period tracked segments under the new modified system procedures.

The time segments measured were:

- a) Collections (Calls Made/Amount Collected)
- b) Patient Conversion (Delayed Treatment or Recare Calls / Added Production)
- c) Patient Benefits (Time to Process and Gather)
- d) Confirming Appointments (Number of Calls Made and Confirmed)
- e) Tracking Insurance (Number of Patients Tracked and Resent)
- f) Hours on Front Office Tasks
- g) Staff Numbers of Hours Worked in the Day
- h) Daily Hours of Operation
- i) Daily Production Numbers
- j) Accounts Receivables
- k) Outstanding Insurance Claims
- l) Other.

APPENDIX D: ANALYSIS, OBSERVATIONS AND CHALLENGES

Period One:

During the first two weeks the following observations were made:

1. The practice employs one individual who splits her time performing several duties for the practice. The duties include the following:

- a) Obtain the necessary benefit and eligibility information by checking and obtaining benefits and eligibility by telephone and internet.
- b) Filing claims and following up with insurance payments.
- c) Checking voicemail for appointments and messages.
- d) Use "Demand Force" to confirm appointments.
- e) Make collection calls.
- f) Keeps accounts receivable totals.
- g) Assist the dentist.

2. When performing benefit and eligibility analysis the front office person uses a benefit check list called the "Benefit Breakdown Form."

3. The front office personnel will research benefits before the patient arrives for the appointment. There are no instances in which patients are sent away due to the lack of researched benefits. During the initial meeting we were informed that websites do not fully give all the data needed. Some websites do not provide a good "history."

4. Any new insurance plan is thoroughly researched and entered into the insurance function of the practice management system (Practice Web). However, the staff had little confidence in the accuracy of the practice management system.

5. Insurance is checked for benefits, eligibility, limitations, and deductible on all new patients.

6. Due to the multiple expectations on the front office position, interruptions and hold times are sometimes an issue. The majority of carriers offer patient benefits at their websites and the information provided is sufficient at times for the office.

7. The front office staff utilized one computer to verifying insurance benefits on one screen while at the same time she is on the phone with a second insurance company verifying benefits for a another patient.

Period Two:

The office installed Eligibility and Benefit Service programs and trained staff on use.

Trojan staff trained the office staff to use Trojan to the fullest by changing their thought process. Trojan staff trained to think of Trojan first in lieu of going to websites or making phone calls to the insurance companies to gather patient benefits eligibility information. In addition, they trained the staff to use the time Trojan saved them to motivate patients who needed to be scheduled for treatment. The practice used an existing list with patient names created for this purpose. One list was of patients who still had remaining benefits for the calendar year 2012. The list was created manually by looking in the computer system from "A to Z" because the doctor did not have confidence in the practice management software. An assistant wrote the names and last visit dates of patients who were past due.

Trojan staff worked with the front office staff and a new assistant. Initially, the staff shadowed the Trojan trainer to understand how the new processes worked. The office staff then performed the duties when they were comfortable with the new procedure. The Trojan trainer provided the front office staff with scripts from the "Reactivation Blitz" document. The focus of the training was to develop verbal skills that conveyed the doctor's wishes to the patient. For example, "Dr. Bhatia asked me to give you a call today..." then to create a sense of urgency, "she said she is concerned that..." Notes were recorded in the practice management software. Next, the Trojan trainer addressed reactivation in three categories. Categories 1 and 2 are designed to get a "yes" from a patient sooner rather than later. This keeps the staff motivated and feeling they are making a difference. The following are descriptions of the three categories:

1. "Cherry Picking"

The Trojan trainer encouraged all staff to "cherry pick" patients that came to mind who needed treatment. The trainer then asked Dr. Bhatia to give reasons for treatment that was needed and the consequences if said treatment was not rendered. The trainer called these "Buzz Words". For example, if a patient needed to be treated for gum disease, (root planing), the staff was asked to say, "Dr. Bhatia asked me to remind you that you have been diagnosed with gum disease, a disease in which bacteria and germs multiply causing infection and when the infection meets the bone, it can cause tooth loss. She said she is concerned for you and would like to see you as soon as possible. She has an opening for you on Thursday at 10 or 2. Which time is best for you?"

2. The office searched for patients who are current in the practice but past due in contact.

3. The final category is patients who are not current. A follow-up phone call was placed on the correspondence that was previously mailed to the patients.

The office had a reactivation letter campaign in place before the trainer began the training. The trainer identified that the practice management system was not being utilized for effective follow-up. The staff didn't know how to put in follow-up dates and/or generate an effective follow-up report. Practice Web was contacted and an upgrade was required to meet full potential. It was stressed that this upgrade was necessary in order to streamline the scheduling process. In summary, Dr. Bhatia seemed to appreciate Trojan's efforts to assist the office. Dr. Bhatia regularly asked questions of the trainer on various subjects.

Period Three:

The intent of the third two-week period was to monitor staff using and relying solely on the Trojan Benefit and Eligibility services. The office staff utilized the Trojan software; however, they did revert to contacting the providers for information that was missing.

At the start of period three the consultant insisted to maintain the same processes the Trojan trainer provided to the staff. They were encouraged to maintain the reactivation activities with the free time they now had. It was observed that the office started relying on Trojan Benefit service to research benefits. There were times when Trojan did not give enough information and the front office staff contacted Trojan to perform the research. For example for United Healthcare plans did not give enough history detail. Overall there was a large reduction of calls made to carriers. The front office staff estimates an 85% decrease in calls to carriers.

Overall, it was observed that using the Benefit and Eligibility services provided more time for staff to perform additional work. The staff appreciated the service Trojan provided. They saw a value of the system. However, their expectations were that the system would be more robust to cover all plans. There were some plans that were not immediately found.

Challenges:

This practice was recruited by the consultant to participate in the study. The practice was looking forward to seeing the value of a service like Trojan. The practice did not seek the service to alleviate any existing issues in the practice. This practice is a developing and budding practice with issues that are familiar to emergent practices.

There was mixed feelings regarding the updating of the practice management system with patient insurance information. The front office staff did not consider it fully efficient. Productivity is about obtaining and processing the information fast, allowing the staff to be more productive. Also, the software needed to be updated.

Another challenge was the practice's hours of service. The office was not opened eight hours a day five days a week. If the doctor was not available the office was closed. This reduction of office hours hurt productivity by reducing available appointment times for patients.

Lastly, the front office staff had various duties and responsibilities. Due to these responsibilities the front office staff had limited time to focus on production improvement activities. The production values could have been better if the front office staff fully focused on production improvement activities.

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